



DEPARTMENT OF THE ARMY
 HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
 9501 FARRELL ROAD, SUITE G-C11
 FORT BELVOIR, VIRGINIA 22060-5901

MCXA-DPCCM

(Date)

MEMORANDUM FOR South Post Health Clinic

SUBJECT: Physical Exam Update

NAME: _____

SSN: _____

DATE OF EXAM: _____

P ___ U ___ L ___ H ___ E ___ S ___

CAT: _____ (*)

SRC: E S L P B (#)

FAX or Hand Carry To:

 South Post Health Clinic
 ATNN: MEDPROS – Data Entry Clerk
 1-703-806-3591

Provider Signature

 Provider Stamp

 Provider Contact #

(#) **SRC**

(*) **CATEGORY**

E= Physical Exam
 S= Aviation Short
 L= Aviation Long
 P= Profile – Data
 B= MEB

A = No Limitations
 B = No Significant Limitations
 C = Limited Physical Training
 D = Limited Physical Activity
 E = No Combat Rations
 F = No Isolated Assignment
 G = Kevlar/LBE Limitations
 H = No Hazardous Duty
 J = Hearing Protection
 L = No Cold Temperatures
 M = No High Temperatures
 N = No Combat Boots
 P = Clothing Restrictions
 U = Other Limitations
 V = Deployment Restrictions
 W = MOS Medical Review Board (MMRB)
 Y = Fit for Duty